

ITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Standard, et al.

Appl. No.

10/090,505

Filed

February 26, 2002

For

INTEGRATED, ADAPTABLE

THEATER, CLUB AND

MULTIPLEX

Examiner

N. Slack

Group Art Unit

3635

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

March 24, 2004

(Date)

David N. Weiss, Reg. No. 41,371

RESPONSE TO SEPTEMBER 24, 2003 OFFICE ACTION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 APR 0 5 2004

GROUP 3600

Dear Sir:

In response to the Office Action mailed on September 24, 2003, please amend the aboveidentified application as follows.

Introductory Comments

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 5 of this paper. A "Replacement Sheet" for each sheet of drawings being amended can be found in the Appendix, which begins at page 15 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Docket No.: ITENTA-01A

Customer No.: 20,995

4/6/04

AMENDMENT / RESPONSE TRANSMITTAL

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David N. Weiss, Reg. No. 41,371

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RECEIVED APR 0 5 2004

GROUP 3600

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to September 24, 2003 Office Action in 15 pages.
- (X) Replacement Figures 1 and 3.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION								
FEE TYPE						FEE CODE	, CALCULATION	TOTAL
Total Claims	23	_	30	=	0	2202 (\$9)	0 x 9 =	\$0
Independent Claims	2	-	3	=	0	2201 (\$43)	0 x 43 =	\$0
3 Month Extension						2253 (\$475)		\$475
							TOTAL FEE DUE	\$475

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$475 is enclosed.
- (X) Return prepaid postcard.

03/30/2004 FFRHREIA 00000006 10090505

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475.00 OP

Docket No.: ITENT NO. 1A



(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

David N. Weiss

Registration No. 41,371

Attorney of Record

Customer No. 20,995

(310) 551-3450

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